

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

10/519889

1 Date of Request: <u>7-26-05</u>	2 Serial/Patent #
3 Please refund the following fee(s):	
<input checked="" type="checkbox"/> Filing	4 PAPER NUMBER <u>11</u>
<input type="checkbox"/> Amendment	5 DATE FILED <u>12/29/04</u>
<input type="checkbox"/> Extension of Time	\$
<input type="checkbox"/> Notice of Appeal/Appeal	\$
<input type="checkbox"/> Petition	\$
<input type="checkbox"/> Issue	\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.	\$
<input type="checkbox"/> Maintenance	\$
<input type="checkbox"/> Assignment	\$
<input type="checkbox"/> Other	\$
7 TOTAL AMOUNT OF REFUND <u>\$ 50</u>	
8 TO BE REFUNDED BY:	
10 REASON:	Treasury Check
<input checked="" type="checkbox"/> Overpayment	Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment	9 <u>1 3 -- 2 1 6 5</u>
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: <u>A Johnson</u>	TITLE: <u>paralegal</u>
SIGNATURE: <u>A Johnson</u>	PHONE: <u>308-9140</u>
OFFICE: <u>PCT</u>	*****
THIS SPACE RESERVED FOR FINANCE USE ONLY:	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B